

STATE OF MICHIGAN
Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health System

NOTICE OF INVOLUNTARY TRANSFER OR DISCHARGE FOR NURSING HOMES

Date of Notice	<input type="checkbox"/> Original Notice <input type="checkbox"/> Updated Notice – If the destination changes and this change was initiated by the facility, an updated notice with the new destination must be issued. This type of change restarts the 30-day timeline for transfer or discharge.	
Resident Name		
Guardian/Resident Representative, if applicable	Name	
	Address	
	Email	
	Phone	

Facility Name*		
Administrator	Name	
	Email	
	Phone	
Facility Address		

* This process does not apply to hospital long-term care units for state statutory purposes.

This is to provide notice that the above resident will be transferred or discharged for the following reason(s):

Reason(s) for Transfer or Discharge, all applicable reasons must be selected.	
State Requirements, MCL 333.21773(1) <input type="checkbox"/> Medical reasons <input type="checkbox"/> Welfare of the resident <input type="checkbox"/> Welfare of other residents and staff <input type="checkbox"/> Nonpayment of resident stay	CMS Requirements, 42 CFR 483.15(c)(1) <input type="checkbox"/> Resident's needs cannot be met in the facility <input type="checkbox"/> Resident no longer needs skilled services <input type="checkbox"/> Safety of other individuals in the facility is endangered due to clinical or behavioral status of resident <input type="checkbox"/> Health of other individuals in the facility is endangered <input type="checkbox"/> Nonpayment of resident stay <input type="checkbox"/> Facility is ceasing to operate

Additional explanation for the reasons identified above:

This is to identify the destination and date for the proposed transfer or discharge.

Transfer or Discharge Destination	Destination Type	<input type="checkbox"/> Nursing Home <input type="checkbox"/> Other:
	Facility Name	
	Address	
Proposed Effective Date		

Right to An Appeal Hearing

The resident has a right to appeal the nursing home's decision for transfer or discharge.

If the resident thinks that he or she should not have to leave, a resident may file a request for a hearing with the Department of Licensing and Regulatory Affairs (LARA) within 10 days after receiving this notice. If the resident, guardian, or resident representative requests a hearing, it will be held at least 7 days after the request, and the resident will not be transferred during that time.

A form to appeal the nursing home's decision and to request a hearing is attached as page 4 of this notice. The nursing home shall provide a postage paid-envelope addressed or assistance with electronic submission of the form to LARA.

At a hearing the resident may speak for him or herself and may be represented by an attorney, a long-term care (LTC) ombudsman, relative or another person of the resident's choice.

The appeal request must be received by LARA within 10 days of the date of notice. The appeal request form can be submitted in the following methods:

Mail	Michigan Department of Licensing and Regulatory Affairs Bureau of Community and Health Systems P.O. Box 30664 Lansing, MI 48909
Email	LARA-BCHS-InvoluntaryTransfer@michigan.gov
Fax	517-241-3354

Transfer or Discharge Timeline, Discharge Plan, and Waiver of Timeline

If LARA determines that a transfer or discharge is authorized, the resident shall not be required to transfer or discharge from the facility before the 34th day following receipt of the notice or the 10th day following appeal hearing decision, whichever is later.

Prior to any involuntary transfer or discharge, a transfer or discharge plan must be prepared by the nursing home and approved by LARA. The timeline for transfer or discharge may be waived upon submission of a request by the nursing home, and approved by LARA, in accordance with MCL 333.21773(2)(a), (b), or (c) and 42 CFR 483.15(c).

For questions about the process or assistance with the request for an appeal hearing, please contact LARA as follows:

Mail	Michigan Department of Licensing and Regulatory Affairs Bureau of Community and Health Systems P.O. Box 30664 Lansing, MI 48909
Email	LARA-BCHS-InvoluntaryTransfer@michigan.gov
Phone Number	517-241-1970

You may contact the following organizations for assistance with this process:

Michigan Long Term Care Ombudsman 15851 South US 27, Suite 73 Lansing, MI 48912 Email: SLTCO@meji.org Toll Free: 1-866-485-9393	Michigan Protection & Advocacy Services 4095 Legacy Parkway, Suite 500 Lansing, MI 48911-4263 Phone: 1-800-288-5923 or (517) 487-1755
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Signature of Nursing Home Administrator

X

Date of Notice

A copy of this notice must be emailed to the Michigan Department of Licensing and Regulatory Affairs at LARA-BCHS-InvoluntaryTransfer@michigan.gov and the Michigan Long Term Care Ombudsman at SLTCO@meji.org.

The Michigan Department of Licensing & Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. You may make your needs known to this Agency under the Americans with Disabilities Act if you need assistance with reading, writing, hearing, etc.

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APPEAL REQUEST FOR *NOTICE OF AN INVOLUNTARY TRANSFER OR DISCHARGE*

I hereby appeal and request a hearing due to a *Notice of Involuntary Transfer or Discharge* from this facility or a distinct part of the facility.

Date of Notice			
Resident Name			
Person Requesting Appeal <input type="checkbox"/> Resident <input type="checkbox"/> Guardian <input type="checkbox"/> Resident representative <input type="checkbox"/> Other:	Name		
	Address		
	Email		
	Phone		

Facility Name	
Facility Address	

Signature of Person Requesting Appeal	
X	
Date of Appeal Request	

The appeal request must be received by LARA within 10 days of the date of notice.

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